time. She was a healthy, well-developed brunette; aged about 21; a native of the South of France; had been married about ten months. Her husband informed me that his wife had been feeling badly all day, and was near the period for her confinement, but rather attributed her illness to over-fatigue on the day previous. On my arrival I found Mrs. B. very comfortable; she had had some quite severe pains in the lumbar region, and slight nausea. On examination, found os uteri dilated to three-fourths the size of a half dollar.

At 10 o'clock, having waited an hour for a return of labour-pains, I suggested that we should retire to rest and be called when our services should be required. About 4 o'clock in the morning, Mr. B. came to me in a great fright, exclaiming, "*Monsieur le Mêdecin, il y a quelquechose entre les jambes de ma femme!*" Imagine my surprise to find that the head of the child had been wholly expelled during the profound sleep of the mother. In a moment, the body was delivered, and in less than twenty minutes the secundines had passed off and the uterus contracted with scarcely any pain. She said she had dreamed something was the matter with her, and awoke with a fright, probably the instant the head was expelled.

Twice since she has been confined, I am informed, and with the usual amount of labour-pains.

Case of Complete Transposition of the Abdominal and Thoracic Viscera. By N. HICKMAN, M. D.

The subject, a well-developed male, aged about fifty years, came under my observation while demonstrating Anatomy in the Anatomical Rooms of the University of Pennsylvania.

In the thorax, the *lungs* were reversed, the left and larger consisting of three lobes, while the right lung had but two. The *heart* extended obliquely from left to right, the apex pointing to the intercostal space between the fifth and sixth ribs of the *right side.* It was bound down to the pericardium and diaphragm by three fibrous bands, probably the remains of an old pericarditis.

The anatomical characters depending upon function were also reversed, the right side being thicker in its muscular walls, the ventricle giving off the aorta and the auricle receiving the pulmonary veins; while the walls of the left cavities were the thinner, the auricle receiving the venæ cavæ and the ventricle giving off the pulmonary artery. Judging from the universality of these transpositions, it is inferred that the valves were also transposed, the mitral separating the right auricle and ventricle; while the tricuspid separates the left ventricle and auricle. We are unable to state absolutely that this is the case, because it is thought that to lay open the heart will impair the value of the specimen as a preparation.

The *aorta,* after its origin from the right ventricle, arches first to the left and then to the right, and descends on the right side of the vertebræ to its bifurcation at the top of the fourth lumbar vertebra. The coronary arteries arise as usual from the commencement of the aorta. The first branch given off from the arch is the *innominate,* which subsequently divides into the left common carotid and subclavian arteries. The next one, the right common carotid and subclavian, which it will be seen is the reverse of the usual distributions. The remaining branches of the aorta are as usual, except the *cœliac axis,* which is wanting, its place being supplied in part by the superior mesenteric which gives off the hepatic and gastric, while the splenic arises directly from the aorta.

The ascending cava is on the left of the aorta, necessitating the right common iliac vein to pass under the left common iliac artery, and the left common iliac vein passes under the artery to join the cava. The cava, as it ascends, receives its usual branches. The *right renal* vein receiving the *right spermatic vein* crosses the aorta and is therefore much longer than the left. The *left spermatic vein* empties into the vena cava. The descending cava is formed by the union of the right transverse vein (resulting from the union of the right internal jugular and subclavian veins) and the left innominate vein, after which it passes downward to terminate in the left auricle.

In the *abdomen*, the viscera are also reversed. The *liver* is situated in the left hypochondriac region, the larger lobe being under the ribs, while the smaller extends into the epigastrium. The organ is in other respects normal.

The *spleen* is situated deeply in the right hypochondriac region. The stomach occupies its usual space, but has its larger or cardiac end to the right and the pyloric in the left hypochondriac region, causing the small intestines to pursue an opposite course and to join the large intestine (cæcum) in the left iliac region. The large intestine, also, is reversed in its relations, and terminates in the rectum at the *right* sacro-iliac symphysis.

The *pancreas* extends from the spleen in the *right* hypochondrium to the duodenum, beginning in the *left*.

The *pneumogastric nerve* on the right side descends in front of the arch of the aorta into the posterior mediastinum in front of the œsophagus and stomach, thus taking the course usually followed by the left. The left nerve passes posterior to the œsophagus and stomach.

The specimen is now being prepared by the aid of Messrs. L. Nancrede, T. C. Clark, and E. P. Bernardi, students of the University of Pennsylvania, and, when complete, will be presented to the Wistar and Horner Museum of that institution, by the gentlemen to whom the subject belonged, Messrs. J. J. Brown, E. P. Bernardi, J. K. F. Bell, R. J. Clark, T. R. Franklin, and A. B. Stoops.

Note from Dr. H. O. Hitchcock, of Kalamazoo, Michigan.

On the Alkaline Solution of Propolis.—ISAAC HAYS, M. D. *Dear Sir:* In the October number of the Journal, page 571, you have made a little extract from an article of mine in the *Chicago Medical Journal.* I would thank you to correct a little error which the printer made in the *Chicago Journal.*

The formula for the alkaline solution of the propolis should be as follows, viz.: ℞.—Propolis ʒij ad ʒiv; Liq. potassæ ℥j. Solve, et adde, Syrupi simp., aq. puræ, āā ℥ij. Dose one-half to one teaspoonful after each passage of the bowels.

The only source from which it is available to procure propolis, is, I believe, in old beehives, where the bees collect it for use in their architecture. Its identity will not be doubtful from the description.